

United Medical Accountable Care Organization (UMACO)

Changing Behavior for
*Efficient Population
Management*

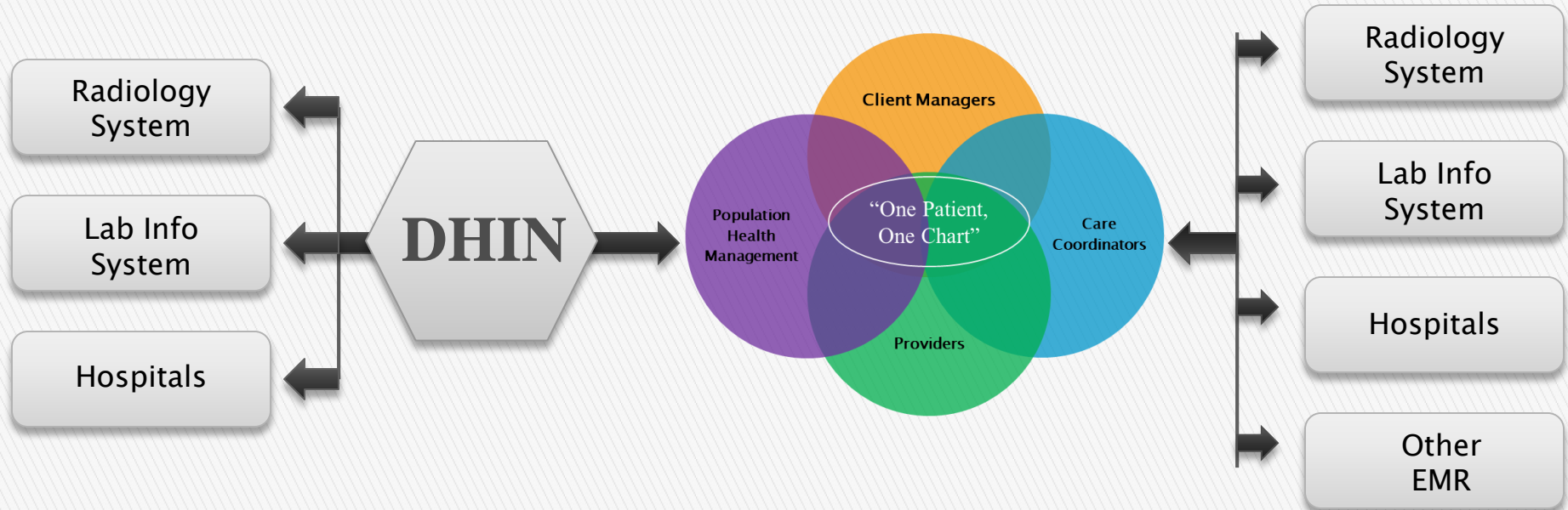
Presented by

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United Medical Community Model



- Logical Domain (One Patient, One Chart) Uniting Over 180 Providers and More Than 325,000 Patient Encounters

Different ACO Programs Under ONE ACO Platform

United Medical & UMACO

Medicare
MSSP

Humana
MA

Highmark-
True
Performance

Highmark-
Health Options

AmeriHealth
Caritas

Patient Population

High-Risk Population Panel

Using analytics to
identify high-risk
patients & alert
providers

Hospital
ADM/R-ADM
Preventative
Care

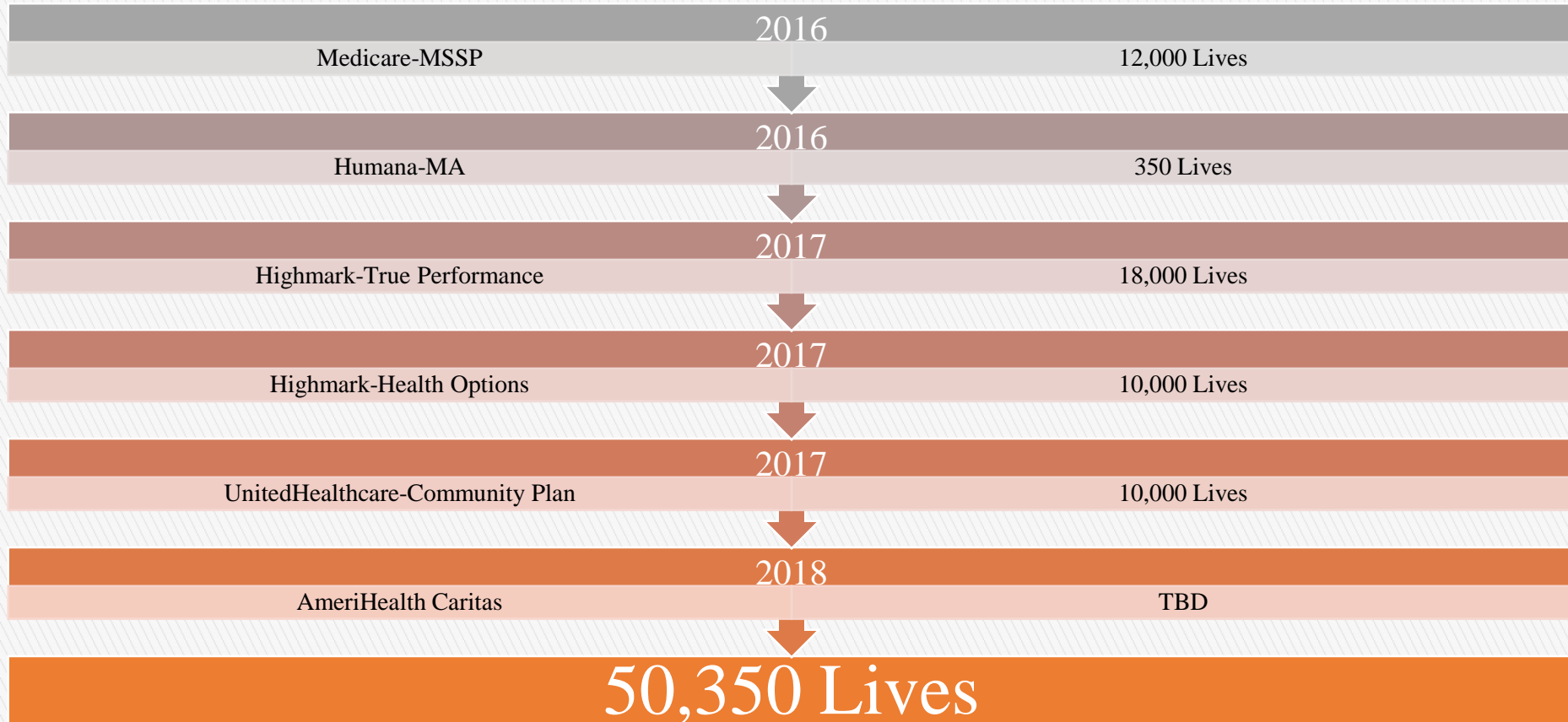
Post Acute
Care
CHF

Medical
Weight Loss
Program

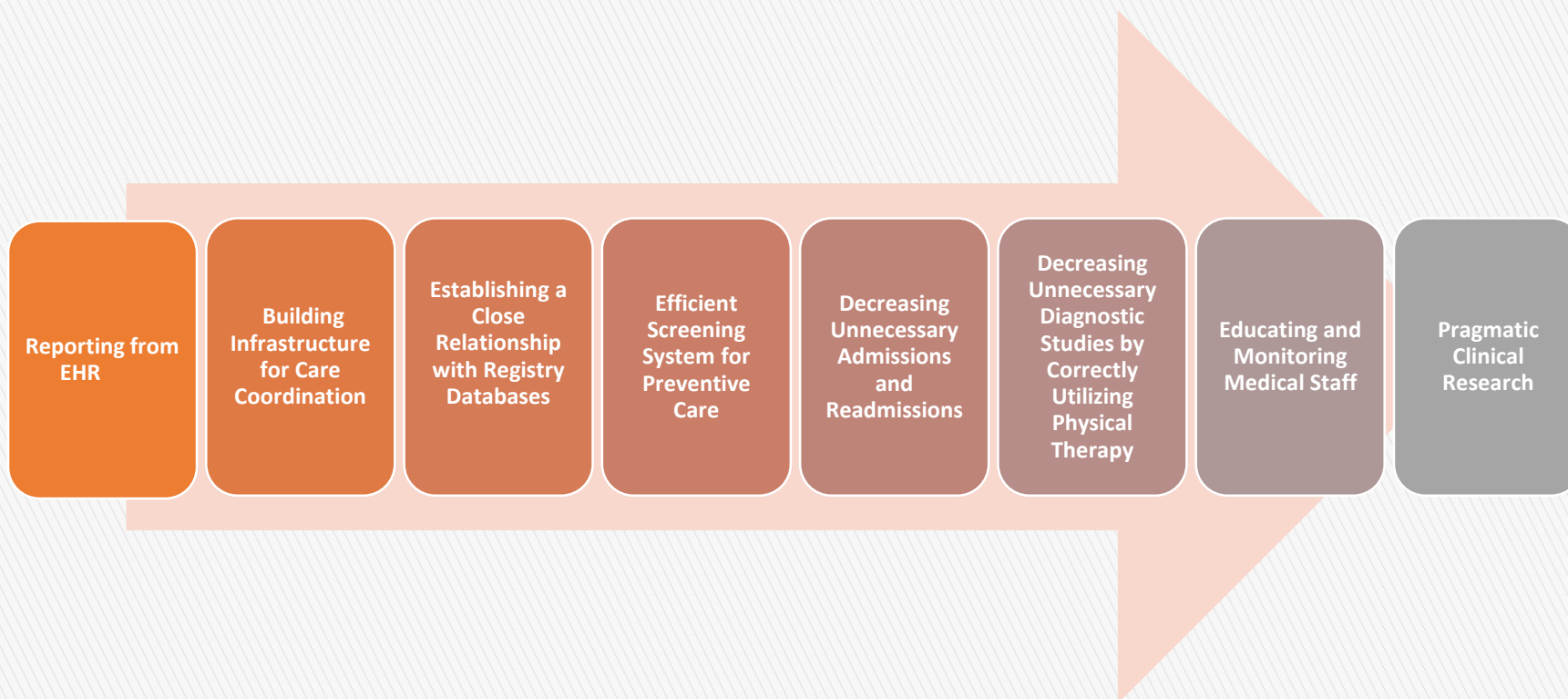
Fall Prevention/
Balance

Diabetes Mgt &
Education
Program

Value-Based Contracts



UM's ACO Focus Points: The Last 5 Years



Transition from Billing Support to Population Health Management

Physician Engagement Model:

“Citizenship” Measures

- **Monthly ACO Meetings:**
 - North (New Castle County); South (Kent/Sussex Counties)
 - Monthly Webinar with Practice Managers
- **Goal:**
 - Streamline Approach to Performance Metrics Management
 - Cost & Utilization
 - Quality Metrics
 - Regular Monitoring & Reporting
 - Subject Matter Expert Presentations
- **Participation:**
 - Mandatory for All Providers and Office Managers

Cost and Utilization Management



Focus on What You Can Control:

1. Implementing an Efficient Screening System for Preventive Care
2. Decreasing Unnecessary Admissions and Readmissions
3. Decreasing Unnecessary Diagnostic Studies by Correctly Utilizing Physical Therapy Services
4. Monitoring and Educating the Medical Staff on Utilization of Generic vs. Brand Medications

Using Ambulatory Surgery Center for C&U Management

Type-Sub is 'Hernia' AND ...										
Date-Surgery	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		Totals	
Facilities-Hospital-ORG	Number of Cases	Number of Cases (% of col)	Number of Cases	Number of Cases (% of col)	Number of Cases	Number of Cases (% of col)	Number of Cases	Number of Cases (% of col)	Number of Cases	Number of Cases (% of col)
<u>Bayhealth Medical</u>	<u>4</u>	3.3%	<u>32</u>	16.8%	<u>52</u>	23.2%	<u>31</u>	17.3%	119	16.7%
<u>CCHS</u>	<u>66</u>	55.0%	<u>90</u>	47.1%	<u>73</u>	32.6%	<u>62</u>	34.6%	291	40.8%
<u>St. Francis</u>	<u>42</u>	35.0%	<u>41</u>	21.5%	<u>44</u>	19.6%	<u>35</u>	19.6%	162	22.7%
<u>UM</u>	<u>8</u>	6.7%	<u>28</u>	14.7%	<u>55</u>	24.6%	<u>51</u>	28.5%	142	19.9%
Totals (16 groups)	120	100.0%	191	100.0%	224	100.0%	179	100.0%	714	100.0%

ASC 2014-2016 for Highmark Contract-Hernia

Clinical Integration



Changing the Behavior for
Efficient Population Management

Using Research to Support Disease Management

- i. Decreasing Unnecessary Admissions & Readmissions (Partners: Christiana Care Health System)
- ii. Decreasing Unnecessary Diagnostic Studies by Correctly Utilizing Physical Therapy Services
- iii. The Million Hearts® Cardiovascular Disease (CVD) Risk Reduction Model (Partners: CMMI)
- Goal:
 - ❖ To develop new programs for the purpose of strengthening the disease management program of the ACO, while simultaneously expanding the revenue earning options.
 - ❖ To develop new ways of engaging physicians beyond the daily practice grind.

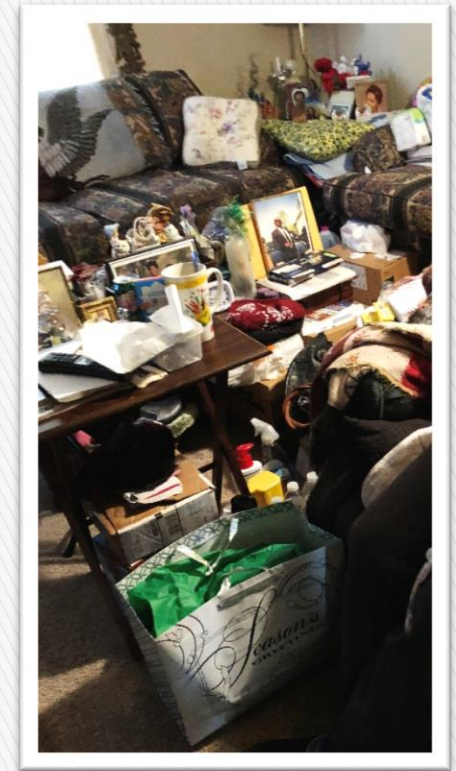
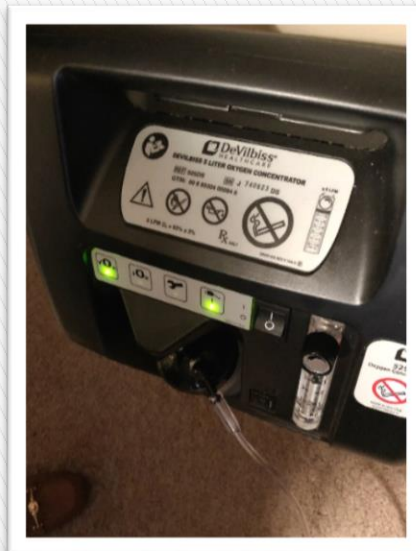
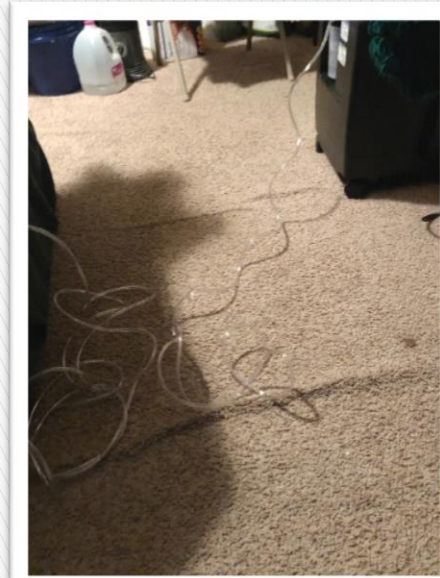
Patient Engagement through Care Coordination: Home Visits

- Targeted Home Visits with High Risk Patients
- Establish BP Guidelines for Highest Complexity, Highest Cost Patients
- Quarterly Re-evaluation of Enrollment and Best Practices
- Create Standardized Documentation and Targets in QB
- Use of Embedded Care Navigators

Fancy Ideas



Patient Reality



Patient Outreach Findings

► Substance Abuse Summary

Audit-Type is 'Patient Outreach'				
Substance Abuse	Number of Audits	Number of Audits (% of col)	# ER Visits-2017 (tot)	# ER Visits-2017 (avg)
<u>no</u>	15	37.5%	172.00	11.47
<u>yes</u>	25	62.5%	399.00	15.96
Totals (2 groups)	40	100.0%	571.00	14.28

Patient Outreach Findings

► Behavioral Health Summary

Behavioral Health	Number of Audits	Number of Audits (% of col)
<u>no</u>	10	25.0%
<u>yes</u>	30	75.0%
Totals (2 groups)	40	100.0%

Patient Outreach Findings

► BH Type

Behavioral Health	Type-BH	Number of Audits	Number of Audits (% of col)
no	Depression Bipolar	1	2.5%
no	Depression Bipolar Schizophrenia	1	2.5%
no	None	8	20.0%
yes	Anxiety	1	2.5%
yes	Anxiety Depression	3	7.5%
yes	Anxiety Depression Bipolar	2	5.0%
yes	Anxiety Depression Bipolar Changes in Personality	1	2.5%
yes	Anxiety Depression Schizophrenia	1	2.5%
yes	Anxiety Bipolar	1	2.5%
yes	Anxiety Bipolar Suicidal Ideations Antisocial Personality Disorder Mood Swings	1	2.5%
yes	Depression	6	15.0%
yes	Depression Bipolar	1	2.5%
yes	Depression Bipolar Schizophrenia	2	5.0%
yes	Depression Bipolar Schizophrenia ADHD Suicidal Ideations	1	2.5%
yes	Depression ADHD ADD	1	2.5%
yes	Depression Suicidal Ideations	1	2.5%
yes	Bipolar	4	10.0%
yes	Bipolar PTSD ADHD	1	2.5%
yes	Schizophrenia	1	2.5%
yes	Schizophrenia Suicidal Ideations	1	2.5%
yes	Opioid Dependence	1	2.5%
Totals (21 groups)		40	100.0%

Patient Outreach Findings

► Substance Abuse & Behavioral Health

Substance Abuse	Behavioral Health	Number of Audits	Number of Audits (% of col)	# ER Visits-2017 (avg)	Patient - Total PMPM (avg)	Total Annual Cost (avg)	Patient - UHC_IPRO RISK SCORE (avg)
<u>no</u>	<u>no</u>	5	12.5%	6.00	\$1,905.95	\$22,871.36	3.47
<u>no</u>	<u>yes</u>	10	25.0%	14.20	\$6,645.61	\$79,747.32	5.08
<u>yes</u>	<u>no</u>	5	12.5%	15.20	\$5,704.53	\$68,454.33	2.24
<u>yes</u>	<u>yes</u>	20	50.0%	16.15	\$4,499.76	\$53,997.10	6.65
Totals (4 groups)		40	100.0%	14.28	\$4,971.79	\$59,661.53	5.31

Patient Outreach Findings

► Urgent VS Non-Urgent

# of Non-Urgent	47 (39%)					
# of Urgent	67 (56%)					
# of Urgent w/IP Admission	6 (5%)					
Audit-Type is 'Patient Outreach'						
Emergency Type Visit #1	Emergency Type Visit #2	Emergency Type Visit #3	Number of Audits	Number of Audits (% of col)	# ER Visits-2017 (tot)	# ER Visits-2017 (avg)
Emergent	Emergent	Emergent	10	25.0%	132.00	13.20
Emergent	Emergent	Non-Urgent	5	12.5%	56.00	11.20
Emergent	Emergent IP Admit	Emergent	2	5.0%	51.00	25.50
Emergent	Emergent IP Admit	Non-Urgent	1	2.5%	9.00	9.00
Emergent	Non-Urgent	Emergent	2	5.0%	14.00	7.00
Emergent	Non-Urgent	Non-Urgent	3	7.5%	59.00	19.67
Emergent IP Admit	Non-Urgent	Emergent	1	2.5%	8.00	8.00
Emergent IP Admit	Non-Urgent	Non-Urgent	1	2.5%	7.00	7.00
Non-Urgent	Emergent	Emergent	6	15.0%	88.00	14.67
Non-Urgent	Emergent IP Admit	Non-Urgent	1	2.5%	3.00	3.00
Non-Urgent	Non-Urgent	Emergent	2	5.0%	43.00	21.50
Non-Urgent	Non-Urgent	Non-Urgent	6	15.0%	101.00	16.83
Totals (12 groups)			40	100.0%	571.00	14.28

Patient Outreach Findings

▶ Attending, PA & Residents

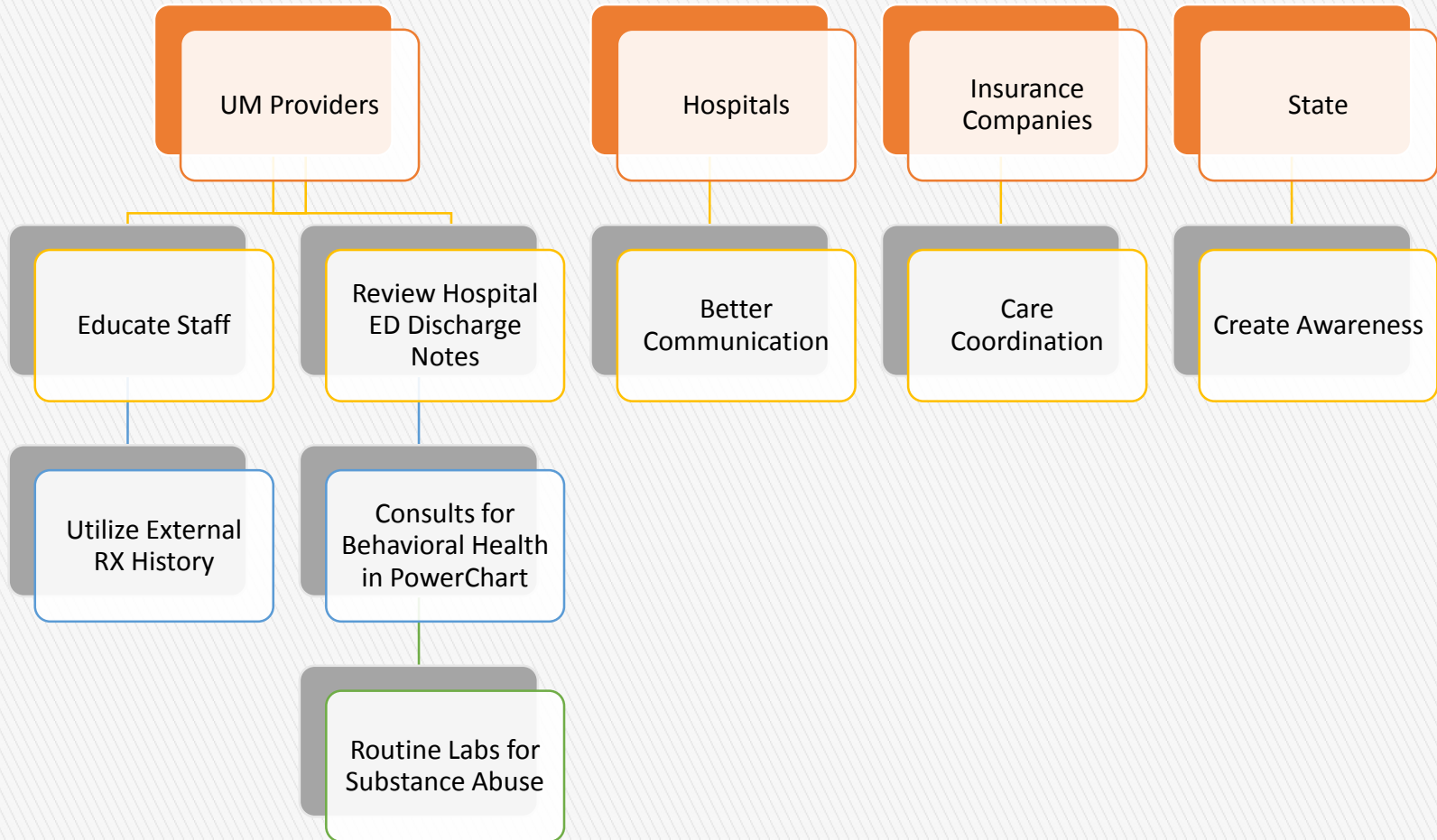
# of Attending	71 (59%)					
# of Physician Assistant	31 (26%)					
# of Resident	13 (11%)					
# of Nurse Practitioner	3 (2%)					
# of Dentist	1 (1%)					
# of Left w/o Being Seen	1 (1%)					
Audit-Type is 'Patient Outreach'						
ED Visits Seen by visit #1	ED Visits Seen by visit #2	ED Visits Seen by visit #3	Number of Audits	Number of Audits (% of col)	# ER Visits-2017 (tot)	# ER Visits-2017 (avg)
<u>Attending</u>	<u>Attending</u>	<u>Attending</u>	15	37.5%	204.00	13.60
<u>Attending</u>	<u>Attending</u>	<u>Physician Assistant</u>	2	5.0%	29.00	14.50
<u>Attending</u>	<u>Physician Assistant</u>	<u>Physician Assistant</u>	4	10.0%	61.00	15.25
<u>Attending</u>	<u>Physician Assistant</u>	<u>Resident</u>	1	2.5%	7.00	7.00
<u>Attending</u>	<u>Resident</u>	<u>Attending</u>	1	2.5%	2.00	2.00
<u>Left without being seen</u>	<u>Attending</u>	<u>Attending</u>	1	2.5%	3.00	3.00
<u>Nurse Practitioner</u>	<u>Nurse Practitioner</u>	<u>Resident</u>	1	2.5%	41.00	41.00
<u>Nurse Practitioner</u>	<u>Physician Assistant</u>	<u>Physician Assistant</u>	1	2.5%	5.00	5.00
<u>Physician Assistant</u>	<u>Attending</u>	<u>Attending</u>	3	7.5%	76.00	25.33
<u>Physician Assistant</u>	<u>Attending</u>	<u>Physician Assistant</u>	2	5.0%	10.00	5.00
<u>Physician Assistant</u>	<u>Physician Assistant</u>	<u>Attending</u>	1	2.5%	8.00	8.00
<u>Physician Assistant</u>	<u>Physician Assistant</u>	<u>Physician Assistant</u>	1	2.5%	17.00	17.00
<u>Physician Assistant</u>	<u>Physician Assistant</u>	<u>Resident</u>	1	2.5%	16.00	16.00
<u>Physician Assistant</u>	<u>Resident</u>	<u>Resident</u>	1	2.5%	13.00	13.00
<u>Resident</u>	<u>Attending</u>	<u>Attending</u>	1	2.5%	7.00	7.00
<u>Resident</u>	<u>Attending</u>	<u>Resident</u>	1	2.5%	38.00	38.00
<u>Resident</u>	<u>Dentist</u>	<u>Attending</u>	1	2.5%	0.00	0.00
<u>Resident</u>	<u>Physician Assistant</u>	<u>Physician Assistant</u>	1	2.5%	13.00	13.00
<u>Resident</u>	<u>Resident</u>	<u>Physician Assistant</u>	1	2.5%	21.00	21.00
Totals (19 groups)			40	100.0%	571.00	14.28

Patient Outreach Findings

► Substance Abuse Summary – Labs

Substance Abuse	Lab-Substance Confirmation	Number of Audits	Number of Audits (% of col)	# ER Visits-2017 (tot)	# ER Visits-2017 (avg)
<u>no</u>	<u>No</u>	14	35.0%	166.00	11.86
no	<u>Yes</u>	1	2.5%	6.00	6.00
<u>yes</u>	<u>No</u>	10	25.0%	102.00	10.20
yes	<u>Yes</u>	15	37.5%	297.00	19.80
Totals (4 groups)		40	100.0%	571.00	14.28

Patient Outreach Next Steps



Performance Measurement

** Data from MSSP-CMS*

Delaware ACOs

ACO_Name	Initial_Start_Date	N_AB_Year_PY (tot)	N_AB (tot)	HistBnchmk (avg)	UpdatedBnchmk (avg)	Per_Capita_Exp_TOTAL_PY (avg)	ABtotBnchmk (tot)	BnchmkMinExp (tot)	EarnSaveLoss (tot)
<u>Aledade Delaware ACO LLC</u>	<u>2015</u>	19,705	20,141	\$9,429	\$9,747	\$9665	\$192,076,146	\$1,629,898	\$0
<u>Delaware Care Collaboration DCC LLC</u>	<u>2016</u>	9223	9533	\$11,471	\$11,411	\$11,388	\$105,243,256	\$216,487	\$0
<u>Delmarva Health Network</u>	<u>2014</u>	19,420	19,844	\$8,223	\$8,937	\$8830	\$173,560,786	\$2,082,283	\$0
<u>eBrightHealth ACO</u>	<u>2016</u>	26,998	27,701	\$10,011	\$10,085	\$10,054	\$272,281,724	\$856,643	\$0
<u>UM ACO</u>	<u>2016</u>	11,866	12,161	\$8,972	\$9,071	\$9211	\$107,630,298	-\$1,666,771	\$0
Totals (5 groups)		87,212	89,380	\$9,621	\$9,850	\$9830	\$850,792,210	\$3,118,540	\$0

“An ACO can have a high return of shared savings but still be a slacker when it comes to overall costs.”

“UM ACO is by far the least expensive ACO in Delaware.”

“It is disheartening to come to the conclusion that to be a winner, you do not have to be a true top performer.”

The Next 5 Years: Recognizing Drivers of Costs & Efficiencies

- Debate should not be about who/what the cost drivers are, but how to get past them.
- Need for greater equity in sharing the burden of transition to value-based reimbursement.
- New level of funding required to match enhanced patient engagement and reduced costs.
 - Focus investment in providers to drive increased efficiencies.
 - Recognition that care coordination payments are “Gateway Incentives.”

The Next 5 Years: Building an Accountable Health Community

- Integration of Social Determinants into Routine Workflow
- Increased Institutional Collaboration in the Care Management Space
- New Patient-Provider Compact:
 - Enhanced Access through Technology (Portals, Phones, Wearables)
 - Incentivized Behavior Change
- Enhanced Front Office Capacity
 - Staff, Technology, Access to Data

The Next 5 Years: Managing Population Health Under a Global Benchmark Model

- Enhanced Responsibilities for ACOs through Direct Contracting
- Enhanced Access to Information
- New Levels of Infrastructure and Care Coordination
 - NCQA ACO Certification
- Building Synergy with State Social Support Services

What is Next for UM?

New contracting model for patient management through:

- Direct ACO Contracting
- Risk-based Contracts

Questions & Discussion